

Date of Referral:

### ***Shallow Subsidy Referral Form***

#### **Referring Provider Information**

Referring Provider:

Current Case Manager:

Phone Number:

E-mail:

#### **Participant Information**

Veteran Name:

Phone Number:

Email:

HMIS Number:

Age:

Category at Entry:

Household Size: Choose an item.

Full Address:

Zip Code:

Income Source:

Monthly Income:

#### **Housing**

Landlord Name:

Phone Number:

Email:

Current monthly rent:

Unit Size:

Utilities included (if No, estimate monthly expense): \_\_\_\_\_ Yes \_\_\_\_\_ No

#### **Criteria Met for Shallow Subsidy:**

#### **SSVF Background**

Housing Move-In Date:

Anticipated Exit Date:

Date of recert:

Income at most recent recertification:

#### **TFA Assistance**

Date of Payment	Type of TFA	Amount

\*Use additional space as needed

**Briefly summarize efforts made to stabilize household:**

**Briefly summarize referrals made (discussed at CAHP):**

#### **Resource Connections**

Date applied for waitlist for senior housing and complex (if applicable)

Date referred to HVRP:

*HVRP Case manager and contact information :*

Status of SOAR application (if applicable):

*For Shallow Subsidy Case Conference Only*

Approved for Shallow Subsidy? \_\_\_\_\_ Yes \_\_\_\_\_ No ( If Yes, Date transfer to occur: \_\_\_\_\_ )

Reasons Why:

Shallow Subsidy Amount: \_\_\_\_\_